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STATEMENT BY APPLICANT NEAL G. SKINNER First Named Inventor UNASSIGNED **Group Art Unit** UNASSIGNED **Examiner Name** 

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				U.S. PATENT DOCU	JMENTS	
Examiner nitials*	Cite No.1	U.S. Patent D	Cocument Kind Code <sup>2</sup> (if known)	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
SAT		5,401,956		DUNPHY et al.	03-28-95	_ \
7		4,552,457		GIALLORENZI et al.	11-12-85	
V		5,798,834		BROOKER	08-25-98	
SAT	-	4,589,285		SAVIT	05-20-86	
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